

In re: Bellaire General Hospital, L.P.
DebtorCase No. 05-30089
(if known)**UNITED STATES BANKRUPTCY COURT**
Southern District of Texas
United States District Court
Southern District of Texas
FILED

FEB 17 2005

SUMMARY OF SCHEDULES**Michael N. Milby, Clerk**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$4,385,090.00		
B - Personal Property	Yes	8	\$6,448,466.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$13,064,432.00	
E - Creditors Holding Unsecured Priority Claims	Yes	57		\$863,796.74	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	79		\$5,789,235.62	
G - Executory Contracts and Unexpired Leases	Yes	3			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No				\$0.00
J - Current Expenditures of Individual Debtor(s)	No				\$00
Total Number of Sheets of ALL Schedules		152			
Total Assets			\$10,833,556.00		
Total Liabilities				\$19,717,464.36	

In re: Bellaire General Hospital, L.P.Case No. 05-30089**Debtor**

(if known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor holds no interest in real property, write "None" under "Description and Location of Property".

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim".

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption	Amount of Secured Claim
5314 Dashwood Houston, Texas 77081	Fee simple		4,385,090 *	
	0			
	0			
Total			\$4,385,090.00	

* This is the 2004 value assessed for property tax proposed by the Harris County Appraisal District and is not the result of a market valuation analysis

In re: Bellaire General Hospital, L.P.
DebtorCase No. 05-30089
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet properly identified with the same case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state the person's name and address under "Description and Location of Property".

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
1. Cash on hand.	<input checked="" type="checkbox"/>			
2. Checking, savings or other financial accounts, CD's, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives.	<input type="checkbox"/>	see attached Exhibit B2		\$158,457
3. Security deposits with public utilities, telephone companies, landlords, and others.	<input checked="" type="checkbox"/>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<input checked="" type="checkbox"/>			

In re: Bellaire General Hospital, L.P.Case No. 05-30089**Debtor**

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<input checked="" type="checkbox"/>			
6. Wearing apparel.	<input checked="" type="checkbox"/>			
7. Furs and jewelry.	<input checked="" type="checkbox"/>			
8. Firearms and sports, photographic, and other hobby equipment.	<input checked="" type="checkbox"/>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<input checked="" type="checkbox"/>			
10. Annuities. Itemize and name each issuer.	<input checked="" type="checkbox"/>			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	<input checked="" type="checkbox"/>			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input checked="" type="checkbox"/>			

In re: Bellaire General Hospital, L.P.Case No. 05-30089**Debtor**

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
13. Interest in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			
14. Government and corporate bonds and other negotiable and non-negotiable instruments.	<input checked="" type="checkbox"/>			
15. Accounts receivable.	<input type="checkbox"/>			\$2,070,294
16. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<input checked="" type="checkbox"/>			
19. Contingent and noncontingent interests in estate of a decedant, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			

In re: Bellaire General Hospital, L.P.Case No. 05-30089**Debtor**

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
21. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>			
22. Licenses, franchises, and other general intangibles. Give particulars.	<input checked="" type="checkbox"/>			
23. Automobiles, trucks, trailers, and other vehicles and accessories.	<input checked="" type="checkbox"/>			
24. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			
25. Aircraft and accessories.	<input checked="" type="checkbox"/>			
26. Office equipment, furnishings, and supplies.	<input checked="" type="checkbox"/>			
27. Machinery, fixtures, equipment, and supplies used in business.	<input type="checkbox"/>	see attached Exhibit B27		\$2,394,869
28. Inventory.	<input type="checkbox"/>	see attached Exhibit B28		669,102

In re: Bellaire General Hospital, L.P.Case No. 05-30089**Debtor**

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
29. Animals.	<input checked="" type="checkbox"/>			
30. Crops - growing or harvested. Give particulars.	<input checked="" type="checkbox"/>			
31. Farming equipment and implements.	<input checked="" type="checkbox"/>			
32. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			
33. Other personal property of any kind not already listed, such as season tickets. Itemize.	<input type="checkbox"/>	Prepays		\$444,777
	<input type="checkbox"/>	Other Accounts Receivable		\$710,967
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Total				\$6,448,466.00

BELLAIRE GENERAL HOSPITAL, LP
CASE NO: 05-30089-H5-11
ADDENDUM TO SCHEDULE B
CHECKING & SAVINGS ACCOUNTS

NAME OF ACCOUNT	LOCATION	ACCOUNT #	BALANCE
Bellaire General Hospital, LP Money Market	Sterling Bank P. O. Box 40333 Houston, TX 77240	259000658	1,430
Bellaire General Hospital, LP Disbursement Account	Sterling Bank P. O. Box 40333 Houston, TX 77240	251000349	80,703
Bellaire General Hospital, LP Payroll Account	Sterling Bank P. O. Box 40333 Houston, TX 77240	251000357	0
Bellaire General Hospital, LP Business Money Market	Sterling Bank P. O. Box 40333 Houston, TX 77240	251000209	3,789
Bellaire General Hospital, LP Commercial Checking	Bank One P. O. Box 260180 Baton, Rouge LA 70826-0180	000001690004401	72,535

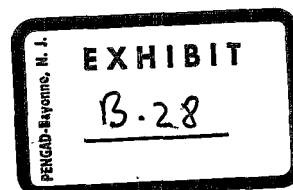


Bellaire Medical Center
Analysis of Property, Plant and Equipment
As of December 31, 2004

	B L & I	Fix Equip	Move Equip	Total
Gross-Acquisition	5,910,759		1,549,964	7,460,723
Accum Deprec-Acq	672,870		1,863,780	2,536,650
Total NPV	5,237,889		(313,816)	4,924,073
Sale of Equip			(507,370)	
Accum Deprec on Sale			(397,786)	
NPV on Sale			(109,584)	
Adj Gross Acquisition	5,910,759		1,042,594	6,953,353
Adj Accum Depr-Acq	672,870		1,465,994	2,138,864
Adj Acq NPV	5,237,889		(423,400)	4,814,489
# of Pre Acq Items	1,025		2,105	3,130
Gross Post Acquis	300,217	807,558	2,982,060	4,089,835
Accum Deprec-Post Acq	53,697	111,028	860,321	1,025,046
Post-Acq NPV	246,520	696,530	2,121,739	3,064,789
Gross PP&E	6,210,976	807,558	4,024,654	11,043,188
Accum Deprec	726,567	111,028	2,326,315	3,163,910
NPV	5,484,409	696,530	1,698,339	7,879,278



Bellaire Medical Center			
Physical Inventory Summary			
Departments	01/04 Inv.	11/04 Inv.	Reduction In Inventories
GS	\$45,373.54	\$56,595.81	\$11,222.27
CS	\$131,171.51	\$102,749.29	(\$28,422.22)
Station 7	CLOSE	\$1,345.44	\$1,345.44
Station 1	\$4,234.60	\$5,976.56	\$1,741.96
ICU	\$4,302.06	\$5,046.00	\$743.94
Psyc 656	\$2,749.86	\$2,603.45	(\$146.41)
Psyc 658	\$687.53	\$1,493.98	\$806.45
Psyc 659	\$1,231.62	\$1,738.35	\$506.73
Psyc 665	\$577.18	\$1,432.77	\$855.59
Post Partum	CLOSE	CLOSE	CLOSE
Nursery	CLOSE	CLOSE	CLOSE
L&D Unit	CLOSE	CLOSE	CLOSE
OR	\$142,889.41	\$152,255.23	\$9,365.82
Recovery Unit	\$3,135.23	\$3,892.91	\$757.80
Anesthesia Unit	\$7,916.70	\$6,846.23	(\$1,070.47)
Endoscopy Unit	\$20,178.70	\$25,030.57	\$4,851.87
Day Surgery	\$2,217.37	\$2,024.71	(\$192.66)
Pharmacy IV	\$16,866.38	\$15,495.40	(\$1,370.98)
Pharmacy Drug	\$174,001.80	\$183,545.52	\$9,543.72
Wound Care	\$6,704.55	\$3,108.68	(\$3,595.87)
Radiology	\$27,304.99	\$35,302.27	\$7,997.28
Lab	\$36,688.71	\$49,311.77	\$12,623.06
Respiratory	\$3,995.64	\$4,336.14	\$340.50
Expressive Therapy	\$596.32	\$1,605.86	\$1,009.54
Physical Therapy	\$6,061.57	\$8,081.01	\$2,019.44
Emergency Rm	\$13,418.34	\$18,146.32	\$4,727.98
EVS Dept	\$2,677.53	\$2,981.60	\$304.07
Maintanence	\$5,273.40	\$3,336.49	(\$1,936.91)
Dietary	\$4,955.75	\$7,688.05	\$2,732.30
Admitting Dept	\$956.82	\$656.34	(\$300.48)
HBO	CLOSE	CLOSE	CLOSE
Acute Unit	CLOSE	CLOSE	CLOSE
SNF Unit	CLOSE	CLOSE	CLOSE
Totals	\$669,101.68	\$702,726.15	(\$37,036.00)

702,625⁷²

In re: Bellaire General Hospital, L.P.

Case No. _____

05-30089

Debtor

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgement liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account Number: 8520352-001, 8515844-002 GE HEALTHCARE FINAN SERV P.O. Box 641419 Pittsburgh, PA 15264-1419 additional acct: 8517008-001; 8517009-001	<input type="checkbox"/>	8/7/2001, 60 month Capital Equipment Lease, Ultrasound Scannen, CT Scanner, Capital Assets R&F Room 4/26/2002 VALUE \$ \$4,067,784	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$437,137	
Account Number: 101279 HEWLETT-PACKARD FINANCIAL P. O. BOX 403265 ATLANTA, GA 30384-3265	<input type="checkbox"/>	10/11/2001, 36 month equipment lease, Meditech hardware and related software VALUE \$ \$1,008,190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$142,995	
Account Number: HEALTHCARE BUSINESS CREDIT CORP 305 FELLOWSHIP RD SUITE 300 MOUNT LAUREL, NJ 08054	<input type="checkbox"/>	7/1/2001, revolving line of credit guaranteed by liquidated accounts receivables VALUE \$ \$2,037,907	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$2,037,907	
Account Number: 45-0418 Center for Medicare and Medicaid Services Mutual of Omaha Insurance P.O. Box 1064 Omaha, NE 68101	<input type="checkbox"/>	7/19/2004, overpayment of FY 2003 Medicare beneficiary payments VALUE \$ \$1,929,114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$519,000	
Subtotal (Total of this page)						\$3,137,039.00	
Total (Use only on last page)							

1 continuation sheets attached

In re: Bellaire General Hospital, L.P. Case No. 05-30089**Debtor**

(if known)

Creditor's Name and Mailing Address Including Zip Code	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account Number: HCA One Park Plaza Nashville, TN 37203	<input type="checkbox"/>	7/6/2001. Hospital and equipment purchase VALUE \$ <u>\$8,000.000</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$9,400,000	
Account Number: Houston ISD Tax Office P.O. Box 4668 Houston, TX 77210	<input type="checkbox"/>	10/31/2003, FY 2003 Property Taxes; 10/31/2004 FY 2004 Property Taxes VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$254,939	
Account Number: Internal Revenue Service Memphis, TN 37501-0039	<input type="checkbox"/>	April 2003 Late fees and interest on first quarter 2003 payroll taxes VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$46,400	
Account Number: Paul Bettencourt P.O. Box 4622 Houston, TX 77210-4622	<input type="checkbox"/>	10/31/2003 FY 2003 Harris County Property Taxes VALUE: \$118,701.36; 10/31/2004 FY Harris County Property Taxes - \$107,352.43 VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$226,054	
Account Number: 	<input type="checkbox"/>	 VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Account Number: 	<input type="checkbox"/>	 VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Account Number: 	<input type="checkbox"/>	 VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Account Number: 	<input type="checkbox"/>	 VALUE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotal (Total of this page)						\$9,927,393.00	
Total (Use only on last page)						\$13,064,432.00	

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, plan an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, plan an "X" in the column labeled "Contingent." If the claim is unliquidated, plan an "X" in the column labeled "Unliquidated." If the claim is disputed, plan an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets).

☐ **Extension of Credit in an Involuntary Case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☒ **Wages, Salaries, and Commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to Employee Benefit Plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain Farmers and Fishermen**

Claims of certain farmers and fishermen, up to \$4,300* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by Individuals**

Claims of individuals up to \$1,950* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

☐ **Taxes and Certain Other Debtors Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(7).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of the Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 1998, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 390.23	\$ 390.23
ABRAHAM, MARIAMMA J 2015 NASHUA DRIVE STAFFORD, TX 77477								
Account No.			Unpaid compensation				\$ 1,064.68	\$ 1,064.68
ABULIMEN, WALLEITA E. 2101 HAYES ROAD, No. 314 HOUSTON, TX 77077								
Account No.			Unpaid compensation				\$ 3,081.14	\$ 3,081.14
ADAM, ELIZABETH P 5211 MAPLE BELLAIRE, TX 77401								
Account No.			Unpaid compensation				\$ 236.00	\$ 236.00
ADAMS, RICHARD G 16047 PINYON CREEK DR HOUSTON, TX 77095								
SUBTOTAL (total of this page)							\$ 4,772.05	\$ 4,772.05

(Report Total also on Summary of Schedules)

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 598.20	\$ 598.20
AHMED, GUFRAN 6319 VERADING GROVE DRIVE HOUSTON, TX 77072								
Account No.			Unpaid compensation				\$ 256.00	\$ 256.00
AKANU, MARGARET N. 7619 BRICHTON KNOLL LAN RICHMOND, TX 77469								
Account No.			Unpaid compensation				\$ 4,650.38	\$ 4,650.00
ALBARRAN, MARCELO R 6100 GLENMONT, No. 11 HOUSTON, TX 77081								
Account No.			Unpaid compensation				\$ 480.00	\$ 480.00
ALI, ANISA 12158 STONE WEST HOUSTON, TX 77035								
Account No.			Unpaid compensation				\$ 5,267.95	\$ 4,650.00
ALIMOLE, ANGELA 3227 ANTELOPE HILLS DR. MISSOURI CITY, TX 77459								
Account No.			Unpaid compensation				\$ 1,884.37	\$ 1,884.37
ANYALEBECHI, VICTORIA N. 4830 PLEASANT PLAINS DR FRIENDSWOOD, TX 77546								
SUBTOTAL (total of this page)							\$ 13,136.90	\$ 12,518.57

continuation sheets attached

(Report Total also on Summary of Schedules)

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 6,636.39	\$ 4,650.00
ARCEO, ROMEO C 13206 WALNUT LAKE RD HOUSTON, TX 77065								
Account No.			Unpaid compensation				\$ 6,212.15	\$ 4,650.00
ARENAS, RODOLFO 2110 COURTSIRE LN SUGAR LAND, TX 77478								
Account No.			Unpaid compensation				\$ 16,089.48	\$ 4,650.00
ARMYLAGOS, GEORGE E 13610 WOODSPIRE HOUSTON, TX 77085								
Account No.			Unpaid compensation				\$ 1,146.63	\$ 1,146.63
ARRINGTON, SUE A 13103 ASHFORD POINT #21 HOUSTON, TX 77082								
Account No.			Unpaid compensation				\$ 4,455.39	\$ 4,455.39
ATLAN, GEMELINE 1502 AUTUMN DAWN CT MISSOURI CITY, TX 77489								
Account No.			Unpaid compensation				\$ 2,552.21	\$ 2,552.21
BAGBY, MAX C 9807 SAGEPLUM HOUSTON, TX 77089								
SUBTOTAL (total of this page)							\$ 37,092.25	\$ 22,104.23

____ continuation sheets attached

(Report Total also on Summary of Schedules)

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 96.38	\$ 96.38
BAINES, TRACEY D. 1422 ACORN COURT MISSOURI CITY, TX 77489								
Account No.			Unpaid compensation				\$ 2,977.50	\$ 2,977.50
BAQUERO, RONA LYNNE 12918 FRANCES ST STAFFORD, TX 77477								
Account No.			Unpaid compensation				\$ 2,258.28	\$ 2,258.28
BASSIE, ADORA J 7311 LA GRANADA HOUSTON, TX 77083								
Account No.			Unpaid compensation				\$ 41.10	\$ 41.10
BELL, EDWARD 9000 FONDREN #224 HOUSTON, TX 77074								
Account No.			Unpaid compensation				\$ 287.94	\$ 287.94
BENNETT, PAMELA B 6555 HARBOR TOWN # 705 HOUSTON, TX 77036								

SUBTOTAL (total of this page)

\$5,661.20

\$5,661.20

____ continuation sheets attached

(Report Total also on Summary of Schedules)

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 3,671.93	\$ 3,671.93
BENNETT, VICTOR C 4114 ANTOINETTE HOUSTON, TX 77087								
Account No.			Unpaid compensation				\$ 1,280.65	\$ 1,280.65
BENTON-DEMPSEY, GINA 7633 FALLBROOK HOUSTON, TX 77086								
Account No.			Unpaid compensation				\$ 572.38	\$ 572.38
BIBBINS-KENT, EVA M 7600 CREEKBEND, No. 179 HOUSTON, TX 77071								
Account No.			Unpaid compensation				\$ 1,104.54	\$ 1,104.54
BLAISDELL, PAULA M 11515 BURDNE, No. 505 HOUSTON, TX 77035								
Account No.			Unpaid compensation				\$ 2,773.02	\$ 2,773.02
BOBBITT, TINA L 907 SYCAMORE CT MISSOURI CITY, TX 77489								
Account No.			Unpaid compensation				\$ 970.31	\$ 970.31
BOLTON, HENRIETTA V 15303 PLAZA LIBRE DR HOUSTON, TX 77083								
SUBTOTAL (total of this page)							\$ 10,372.83	\$ 10,372.83

____ continuation sheets attached

(Report Total also on Summary of Schedules)

DEBTOR: Bellaire General Hospital, L.P.

CASE NO. 05-30089

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT OF CLAIM ENTITLED TO PRIORITY
Account No.			Unpaid compensation				\$ 2,006.14	\$ 2,006.14
BOOKER, SHEILA 8306 DARLINGTON HOUSTON, TX 77028								
Account No.			Unpaid compensation				\$ 620.90	\$ 620.90
BORDALLO, GLORIA A 9210 S. DAIRY ASHFORD, No. 3202 HOUSTON, TX 77099								
Account No.			Unpaid compensation				\$ 4,949.33	\$ 4,650.00
BORT, CHANELLE 6545 RICE ROAD PEARLAND, TX 77581								
Account No.			Unpaid compensation				\$ 2,093.01	\$ 2,093.01
BRANCATO, SUSAN M 8009 GALLER ROAD RICHMOND, TX 77469								
Account No.			Unpaid compensation				\$ 1,014.32	\$ 1,014.32
BRICE, KAREN R. 16419 QUAIL PARK MISSOURI CITY, TX 77489								
Account No.			Unpaid compensation				\$ 1,559.33	\$ 1,559.33
BROWN, DENNIS G 8600 WOODWAY # 317 HOUSTON, TX 77063								
SUBTOTAL (total of this page)							\$ 12,243.03	\$ 11,943.70

____ continuation sheets attached

(Report Total also on Summary of Schedules)